

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3701

State File No. ....

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4547 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give town or TOWN <u>Grant City</u> )		c. CITY (If outside corporate limits, write RURAL and give township) <u>Grant City</u>	
c. LENGTH OF STAY (in this place) <u>7 years</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Leonard</u> c. (Last) <u>Fletcher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 8 1950</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3 8 1874</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Worth County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Fletcher</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Bowen</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Fletcher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Deva Stobbe Eagleville, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 2 4 1/2</u>	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolic in brain</u>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertensive heart disease</u> DUE TO (c) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>443X</u>		

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR-TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec 22, 1949, to Jan 8, 1950, that I last saw the deceased alive on Jan 8, 1950, and that death occurred at 7:00 a. m., from the causes and on the date stated above.

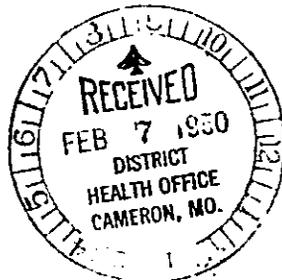
23a. SIGNATURE (Degree or title) <u>J. H. H. M.D.</u>		23b. ADDRESS <u>Grant City, Mo.</u>		23c. DATE SIGNED <u>1-9-50</u>	
24a. BURIAL, CREMATION, REBURY (Specify) <u>burial</u>		24b. DATE <u>1 10 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Weaver Chapel Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Hatfield, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>Jan. 31, 1950</u>		REGISTRAR'S SIGNATURE <u>Clara E. Dawson</u>		345		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank C. Duffee Grant City, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48



MAY 22 1950

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed Arch C Dwyer

Signed.....  
Student Embalmer

Licensed Embalmer No. 3252

P. O. Address Grant City, Mo

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.